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COMPANY: USPTO, Art Unit 2686

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FROM: Song Zhu, Ph.D.

DIRECT DIAL NO.: +1.415.954.0241

E-MAIL: szhu@ssd.comRE: Amendment
U.S. Patent Application Serial No. 10/099,640
Our File 38988.00015

Message: Please see attached.

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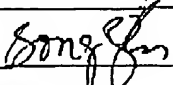
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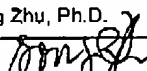
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/099,640	
	Filing Date	March 15, 2002	
	First Named Inventor	Hamid Najafi	
	Group Art Unit	2686	
	Examiner Name	Olivia Marie Marsh	
Total Number of Pages in This Submission	13	Attorney Docket Number	38988.00015

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization <input type="checkbox"/> Postage Paid Return Postcard <input checked="" type="checkbox"/> Amendment (____ pages) <input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate) <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Petition for Extension of Time (1 month) (in duplicate) <input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and ____ References <input type="checkbox"/> Express Mail Label No. <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) in/Fogmal ____ Sheets with Submission of Drawings Transmittal <input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate) <input type="checkbox"/> Request for Continued Examination Transmittal (RCE) <input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Power of Attorney By Assignee of Entire Interest <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Request for Status of Application <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Song Zhu, Ph.D.. Reg. No. 44,420
Signature	
Date	April 5, 2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Signature		Date	April 5, 2006

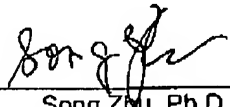
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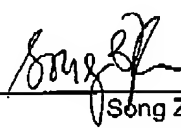
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AMENDMENT TRANSMITTAL LETTER (Small Entity)			Docket No. 38988.00015		
Applicant(s): Reza Kassayan					
Serial No. 10/099,640	Filing Date March 15, 2002	Examiner Olivia Marie Marsh	Group Art Unit 2686		
Invention: Wireless Phone Apparatus Having An Emergency Beacon And Method For Activation Thereof					
TO THE COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as show below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	27	31	0	X \$25.00	\$00.00
INDEP. CLAIMS	4	4	0	X \$100.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$00.00
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Dated: April 5, 2006 Squire, Sanders & Dempsey L.L.P. 1 Maritime Plaza, Suite 300 San Francisco, CA 94111 (415) 954-0200 cc: Docket:			 _____ Song Zhu, Ph.D. Reg. No. 44,420		

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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$00.00
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